



## INFORMATION FOR DENTIST

- This Attending Dentist's Statement is to be used for either a request for payment of completed services or as a request for pre-treatment estimate of benefits. \*\*\*
- If you are submitting this claim in response to information requested from a prior electronic claim submission, indicate the electronic claim number in the space provided in box 2.
- All appropriate numbered boxes, 1-42, must be completed on this form in order to avoid delays in processing.
- Please check to be sure that the patient has provided all necessary information for items 1-19.
- For DEPENDENT STUDENTS, attach school registrar's certification of current enrollment or copy of paid tuition receipt.
- Refer to the PARTICIPATING DENTIST HANDBOOK for procedure numbers and pre-treatment estimate of benefits instructions.
- If you are unable to list all procedures for the patient on the 15 "procedure" lines on the service report, attach a second FULLY COMPLETED report for the remaining procedures.
- Be sure that the PATIENT HAS SIGNED the Attending Dentist's Statement. The patient is defined as an individual who has established a professional relationship with a dentist for delivery of dental care. For matters relating to communication of information and consent, this term includes the patient's parent, caretaker, guardian, or other individual as appropriate under state law.
- Be sure to SIGN the Attending Dentist's Statement and include your name or the name of the group practice/corporation responsible for billing. This may differ from the actual treating dentist's name. This is the name that should appear on any payments or correspondence that will be remitted to the billing dentist.
- Be sure to include your social security number or T.I.N. in section 21. These numbers are frequently used as individual producer identification numbers. The Internal Revenue Service requires that either the social security or tax payer identification number of the billing dentist or dental entity be supplied only if the provider accepts payment directly for a third-party payer. Report social security number if the billing dentist is unincorporated. Report the corporation T.I.N. if the billing dentist is incorporated. If the billing entity is a group practice, clinic, etc. the entity's T.I.N. should be entered.
- All requests for payment or pre-treatment estimate of benefits must be fully completed on the Attending Dentist's Statement; superbills will not be accepted.
- Tear off the pink copy of the form for your office records and mail the white copy to:



Delta Dental Plan or New Jersey  
P.O. Box 222  
Parsippany, NJ 07054-0222

- Delta will determine whether the deductible has been satisfied and/or maximum has been reached and calculate the payment accordingly.
- PARTICIPATING DENTISTS will be paid by Delta for services covered under the subscribers contract, subject to eligibility determination and limits of coverage. **Do not bill your patient until after the Delta payment is made, as it is unlikely that you will always be able to determine in advance precisely what the payment will be.**
- NON-PARTICIPATING DENTISTS--Delta will make payment for services covered by the subscribers contract directly to the subscriber.
- **Delta shall not be obligated to pay or adjust claims submitted more than one year after the date of rendition of the service.**

### DELTA PARTICIPATING DENTIST RULES

Submission of the Attending Dentist's Statement shall be deemed to constitute an agreement by a participating dentist with the following conditions governing dentist participation in Delta group dental care programs.

1. Obligation of patient for fees for services covered under a Delta group dental care program shall be limited to that amount indicated by Delta as Patient Payment for the services listed.
2. In submitting the Attending Dentist's Statement to Delta, the dentist represents that fees shown thereon are the actual fees charged to and intended to be collected from the patient and do not exceed his/her usual, customary and reasonable fees. \*\*\*\*The dentist's usual fees are subject to verification by inspection of his/her office records upon request by Delta.
3. The dentist will schedule and perform all dental treatment in accordance with applicable standards of the dental profession in his/her community.
4. Delta makes periodic checks on adequacy of care provided by dentists, and dentists shall cooperate with duly appointed committees or consultants to facilitate such checks.
5. The dentist shall not charge a covered person more than his/her usual fee as filed with Delta, except for procedures performed under unusual or extenuating circumstances, the charges for which shall be subject to the approval of Delta.
6. The dentist shall not be entitled to accept or receive from Delta a fee greater than his/her usual fee, as filed with Delta for the dental services provided. Where payment of the fee is shared by Delta and the covered patient, the total fee as shared shall be no more than the usual fee charged by the dentist as filed with Delta.

\*\*\* Pre-treatment estimate of benefits is always recommended for extensive treatment and is only intended to avoid misunderstandings between the patient, dentist, and Delta concerning benefits payable. A pre-treatment estimate is not a guarantee of benefits. Payment will be determined based upon the patient's eligibility at the time services are completed.

\*\*\*\* For definition of terms, "usual, customary and reasonable" and other information useful in improving communications among patients, dentists and Delta, please consult the PARTICIPATING DENTIST HANDBOOK, the participation agreement and the Bylaws of Delta.